• Please provide the information requested under each section below. Return this form and any additional materials requested DHSS via mail: Department of Health and Senior Services, c/o Tiffani Muessig, PO Box 570, Jefferson City, MO 65102 or Email: chw@health.mo.gov.

• Please select the appropriate timeframe for this semi-annual report

Spring/Summer report (due June 30): please provide inform	ation about program from January 1	through June 30	
Fall/Winter report (due January 15): please provide information about program from July 1 through December 31				
	May 1	June 30	August 1	
Spring/Summer Semi-Annual Reports (also required in renewal year)	Semi-Annual Reports available and reminders sent to existing Training Programs	Spring/Summer Semi-Annual Reports Due	Programs receive notice of status regarding Semi-Annual Report	
	December 1	January 15	February 1	
Fall/Winter Semi-Annual Reports	Semi-Annual Reports available and reminders sent to existing Training Programs	Fall/Winter Semi- Annual Reports Due	Program receive notice of status regarding Semi-Annual Report	

Note: In first year (2021), any approved Training Program that received less than 3 on the Qualification of Trainers section of the application will be required to send trainers to a state approved Train the Trainer and provide documentation in their semi-annual report Note: In addition to the semi-annual reports, there will be at least one unannounced quality assurance visit for each certified training program within the three year cycle.

visit for each certified training program within the three year cycle.
1. Number of Courses Offered: Describe the total number of courses offered since the previous report. Did this align with the total number anticipated? Why or why not? Please note, the State recommends offering at least two courses each year and to provide courses at a variety of times that may or may not align with the academic calendar.

2. Number of Student Enrolled	Please provide the total number of students that were enrolled in the course since the previous report. Provide information for each course offi	ered
and the total number of students	Did this align with the total anticipated? Why or why not? Please note, the state recommends each class consist of at least 8 students.	

3. Number of Students who completed the Course: Provide the total number of students who completed the course since the previous report. Provide information for each course offered and the total number of students for the year. Did the completion rate align with the number anticipated? Why or why not?

Summary of Pre- and Post-Course Survey: All Certified Training Programs are required to provide students with a pre- and post-course survey using the online tracking system ease state whether these have been completed.
Train the Trainer: Provide information about any change to CHW instructors (e.g., those who are new trainers or who are no longer teaching). Provide information about any instructor with mpleted the state approved Train the Trainer in the past year. This is only required for new trainers but all trainers are welcome to attend. If you applied and received Training Program trification in 2021 and your site did not receive a "3" in the initial application in the Trainer Qualification Section, all instructors are required to complete the Train the Trainer offered by the te (see https://health.mo.gov/professionals/community-health-workers/modules.php). Note this in the box below and provide information about who completed this training and when it was applied.
Ongoing Learning Opportunities for Trainers; Please describe how trainers are maintaining their training skills through continuous learning opportunities. These may include
Ongoing Learning Opportunities for Trainers: Please describe how trainers are maintaining their training skills through continuous learning opportunities. These may includ HOs, community health and public health CEUs, social work CEUs, adult learning, chronic disease management, case management, home visiting, trauma informed care, ethic tural competencies, telehealth, among others.
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Service Learning: Please provide updates regarding service learning. This includes feedback about service learning sites, changes to service learning protocols, service learning e capacity, positive and negative feedback from students and sites.